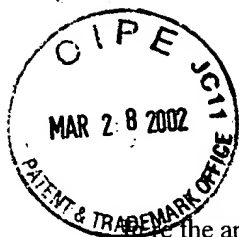


Receipt



PATENT

#8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re the application of

David W. Carman et al.

Application No. 09/621,058

Filed: July 21, 2000

For: SYSTEM AND METHOD FOR ENABLING
AUTHENTICATION AT DIFFERENT
AUTHENTICATION STRENGTH-PERFORMANCE
LEVELS

Examiner: Unassigned

Art Unit: 2785

Atty. Docket No. NAI1P080/
99.123.01

Date: March 19, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on March 19, 2002.

Signed:

Erica L. Mann
Erica L. Mann

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Box: Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

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Enclosed is a copy of the Updated Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the Correspondence Address and Firm from "COOLEY GODWARD LLP, ATTN: PATENT GROUP, 11951 FREEDOM DRIVE, SUITE 1700, ONE FREEDOM SQUARE- RESTON TOWN CENTER, RESTON, VA 20190-5061" to -- **Silicon Valley IP Group, P.O. Box 721120, San Jose, CA 95172-1120--.**

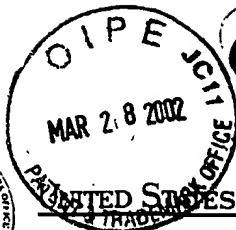
It is believed no fee is due with this correction. The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P080/99.123.01).

Respectfully submitted,
Silicon Valley IP Group

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Attorney Docket No. NAI1P080/99.123.01



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/621,058	07/21/2000	2785	840	NTWK005/03US (99.123.01)	19	15	3

~~022903~~
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28875
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CONFIRMATION NO. 4463

FILING RECEIPT



OC00000005873363

Date Mailed: 03/19/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

David W. Carman, Glenwood, MD;
Michael D. Heyman, Columbia, MD;
Alan T. Sherman, Columbia, MD;

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Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/145,216 07/23/1999

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Foreign Applications

If Required, Foreign Filing License Granted 09/07/2000

Projected Publication Date:

Non-Publication Request: No

Early Publication Request: No

Title

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MAR 26 2001

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Bib Data Sheet

CONFIRMATION NO. 4463

SERIAL NUMBER 09/621,058	FILING DATE 07/21/2000 RULE	CLASS 713	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. NTWK005/03US (99.123.01)
APPLICANTS David W. Carman, Glenwood, MD; Michael D. Heyman, Columbia, MD; Alan T. Sherman, Columbia, MD;				
** CONTINUING DATA ***** <i>74</i> THIS APPLN CLAIMS BENEFIT OF 60/145,216 07/23/1999 ** FOREIGN APPLICATIONS ***** <i>74</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 19	TOTAL CLAIMS 15
INDEPENDENT CLAIMS 3				
ADDRESS 28875				
TITLE System and method for enabling authentication at different authentication strength-performance levels				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	